

PROCESS RECEIPT AND RETURN

DECEIVER

Instructions for Service of Process by U.S. Marshal"

PLAINTIFF USA	FEB 23 2018	COURT CASE NUMBER 5:15-MJ-1270-KS
DEFENDANT CHRISTINA N. DIXON	U.S. Marshals Service, EDNC	TYPE OF PROCESS Order to Show Cause

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

**SERVE** { CHRISTINA N. DIXON  
**AT** { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
4105 SARATOGA COURT, ABERDEEN, NC 28315-3674

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
U.S. DISTRICT COURT 310 NEW BERN AVE. RALEIGH, NC 27601	1
	Number of parties to be served in this case
	1
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Caron Smith</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	919-645-1700	2/21/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. <u>56</u>	No. <u>56</u>	<i>Caron Smith</i>	<u>2-23-18</u>

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date	Time
	<u>2-26-18</u>	<input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>Caron Smith</i>	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
<u>800</u>			<u>800</u>		<u>800</u> <u>\$0.00</u>

REMARKS: 2-23-18  
CERTIFIED MAIL 1017 2400 0000 0969 5305  
3-6-18 SEE PS FORM 3811 OR USPS TRACKING

FILED

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment
5. ACKNOWLEDGMENT OF RECEIPT

MAR 07 2018 PRIOR EDITIONS MAY BE USED

PETER A. MCIORE, JR., CLERK  
U.S. DISTRICT COURT, EDNC

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## SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Christina N. Dixon  
4105 Saratoga Court  
Aberdeen, NC 28315-3674



9590 9402 3417 7227 1642 75

## 2. Article Number (Transfer from service label)

7017 2400 0000 0969 5305

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

Agent  
 Addressee

## B. Received by (Printed Name)

Christina N. Dixon 2/26/18

C. Date of Delivery  
2/26/18

D. Is delivery address different from item 1?  Yes  
 No

If YES, enter delivery address below:

RECEIVED

MAR 05 2018

U.S. MAIL

MAILING SERVICE, EDNC

## 3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Restricted Delivery

PS Form 3811, July 2015 PSN 7630-02-000-9053

Domestic Return Receipt

OF THE RETURN ADDRESS, FOLD OUT

USPS TRACKING# 12



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

9590 9402 3417 7227 1642 75

United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box\*

United States Marshals Service  
310 New Bern Avenue, Suite 100  
Raleigh, North Carolina 27601

